

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 1079 0002 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2	/	/				
3	/	/				
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TOTAL IND.	14					
TOTAL DEP.	20					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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